

IMMUNIZATION GUIDELINES

For Use of State-Supplied Vaccine

VACCINE	ELIGIBILITY
DTaP / DT	Children from 6 weeks of age up to the 7 th birthday
Tdap	<p>Children from 11 years of age up to the 19th birthday</p> <ul style="list-style-type: none"> ◆ A single dose of Tdap instead of Td for booster immunization against tetanus, diphtheria and pertussis if they have completed the recommended childhood DTP/DTaP vaccination. The preferred age for Tdap vaccination is 11-12 years. ◆ A 5-year interval between Td and Tdap is encouraged to reduce the risk of local or systemic reactions. However, intervals shorter than 5 years between Td and Tdap can be used. <p>Administration of Tdap for adolescents in special circumstances:</p> <ul style="list-style-type: none"> ◆ Tdap is indicated but not available: Td can be administered if the last DTP/DTaP/DT/Td vaccine was equal to or greater than 10 years earlier. ◆ Pertussis outbreaks and other setting with increased risk from pertussis: Routine Tdap vaccination recommendations for adolescents should be used ◆ Tetanus Prophylaxis in Wound Management: A single dose of Tdap instead of Td if they have not previously received Tdap. ◆ No History of DTP/DTaP/Td/Tdap Vaccination: A single Tdap dose, followed by a dose of Td ≥4 weeks after the Tdap dose and a second dose of Td ≥6 months after the Td dose. Tdap may substitute for any one of the 3 Td doses in the series. ◆ Pregnancy: If otherwise indicated, consider a single dose of Tdap for adolescents Immediately after delivery.
Td	Children from 7 years of age up to the 19 th birthday for whom Tdap is contraindicated or unavailable.
Polio – IPV	Children from 6 weeks of age up to the 19 th birthday
HIB	Children from 6 weeks of age up to the 5 th birthday
Pneumococcal Conjugate (PCV7)	<ol style="list-style-type: none"> For routine immunization of: <ul style="list-style-type: none"> ◆ All children 2 months of age up to the 2nd birthday (although the vaccine can be given as early as 6 weeks of age) ◆ Children from 24 months of age up to the 5th birthday who are at high risk for pneumococcal disease and its complications. The highest risk children include children with: <ol style="list-style-type: none"> Sickle cell disease, asplenia or splenic dysfunction Infection with human immunodeficiency virus (HIV), Immunocompromising conditions, including <ul style="list-style-type: none"> ▪ Congenital immunodeficiencies such as B (humoral) or T-lymphocyte deficiency; complement deficiencies, particularly c1, c2, c3, and c4 deficiency; and phagocytic disorders, excluding chronic granulomatous disease ▪ Renal failure and nephrotic syndrome ▪ Diseases associated with immunosuppressive therapy or radiation therapy, including malignant neoplasms, leukemias, and Hodgkin's disease, or solid organ transplantation (excluding children who have received a bone marrow transplant) Chronic illness, including <ul style="list-style-type: none"> ▪ Chronic cardiac disease ▪ Chronic pulmonary disease (excluding asthma unless child is on high dose corticosteroid therapy) ▪ Cerebrospinal fluid leaks ▪ Diabetes mellitus ◆ Other groups at increased risk include children who: <ol style="list-style-type: none"> Are of African American, Native American, or Alaskan Native descent Attend out-of-home group child care at least 4 hours per week In addition, state-supplied PCV7 is available for children from 24 months of age up to the 5th birthday upon request of parents and after consultation with their health care provider.

VACCINE	ELIGIBILITY
Meningococcal	<p>Meningococcal vaccine is in short supply, and restricted availability is expected to continue for the foreseeable future. There currently is not sufficient vaccine to meet the vaccine need for all adolescents as identified in the Advisory Committee on Immunization Practices (ACIP) recommendations. The Washington State Department of Health has adopted the Washington Vaccine Advisory Committee recommendations for the use of Meningococcal vaccine during this time of shortage.</p> <p>The vaccine should be used preferentially in groups who are at increased risk for meningococcal disease as follows:</p> <p>Adolescents age 11 up to the 19th birthday:</p> <ul style="list-style-type: none"> ◆ who have terminal complement component deficiencies ◆ who have anatomic or functional asplenia ◆ who travel to counties in which N. meningitidis is hyperendemic or epidemic, particularly if contact with the local population will be prolonged ◆ Freshmen entering college who will be living in dormitory settings <p>At this time, vaccine supplies are not sufficient to allow vaccination of additional cohorts of adolescents.</p> <p><i>Vaccination of adolescents 11-12 years of age should be deferred until further notice.</i></p> <p>These guidelines will be revised in the event there are changes in the availability of the vaccine.</p>
MMR	<p><u>First dose:</u> *</p> <ul style="list-style-type: none"> ◆ All persons 12 months of age up to the 19th birthday ◆ Students entering college who were born in or after 1957 <p><u>Second dose:</u> *</p> <ul style="list-style-type: none"> ◆ All children entering kindergarten or born on or after 9/1/95 ◆ Children entering 6th grade ◆ Transfer students in grades 7 – 12 ◆ Any students grades 7 – 12 who have not previously received a second dose ◆ Students entering college who were born in or after 1957. <p>* Please consult with the state immunization program for appropriate use of MMR vaccine during measles outbreaks.</p>
Varicella (Chickenpox)	<p>Children from 12 months of age up to the 19th birthday who meet the following criteria:</p> <ol style="list-style-type: none"> 1. Persons <13 years of age <ul style="list-style-type: none"> ◆ <u>12-18 months of age</u> All children 12-18 months of age without reliable history of varicella should be routinely vaccinated. However, vaccination is not necessary for children who have a reliable history of varicella. ◆ <u>19 months – 12 years of age</u> Varicella vaccine is strongly recommended for all susceptible children by their 13th birthday. Prior to the 13th birthday, one dose is sufficient. 2. Persons from 13 years of age, up to the 19th birthday without a reliable history of varicella disease should be vaccinated. Two doses are recommended for adolescents 13 years of age and older.
Hepatitis B	<p>Children from birth up to the 19th birthday</p> <p>Targeted Groups:</p> <ul style="list-style-type: none"> ◆ Children born on or after 11/22/91 ◆ Adolescents 11 & 12 years of age <p>Targeted High Risk Groups:</p> <ul style="list-style-type: none"> ◆ Children from birth up to the 20th birthday who meet the high risk criteria: <ol style="list-style-type: none"> a. Children born after 10/1/87 to 1st generation immigrant women from countries of high or intermediate hepatitis B virus endemicity

	<ul style="list-style-type: none"> b. Persons with occupational risk c. Clients in institutions for the developmentally disabled d. Hemodialysis patients e. Recipients of certain blood products f. Household contacts/sexual partners of HBV carriers g. Adoptees from countries where HBV is endemic h. International travelers i. Injecting drug users j. Sexually active homosexual and bisexual men k. Sexually active heterosexual men and women l. Inmates of long-term correctional facilities
VACCINE	ELIGIBILITY
Influenza	<ul style="list-style-type: none"> • Children aged 6–23 months of age: <ul style="list-style-type: none"> • Fluzone PF in the pediatric prefilled syringe presentation • High risk children aged 24 months up to the 3rd birthday <ul style="list-style-type: none"> • Fluzone PF in the pediatric prefilled syringe presentation • High risk children from 3 years up to the 19th birthday <ul style="list-style-type: none"> • Fluzone in the Multidose Vial Presentation • Children less than 19 years of age who are caregivers or household contacts of any high risk person. <p>Children less than 19 years of age are considered high risk if they meet the following criteria:</p> <ul style="list-style-type: none"> • Chronic illness, i.e. chronic pulmonary or cardiovascular conditions, metabolic diseases, renal dysfunction, hemoglobinopathies • Conditions that compromise respiratory function or the handling of respiratory secretions or can increase the risk of aspiration. • Children receiving chronic aspirin therapy • Children receiving immunosuppression therapy • Pregnancy -- those who will be pregnant anytime during influenza season
Hepatitis A	<ul style="list-style-type: none"> • All children should receive hepatitis A vaccine at 1 year of age (i.e., 12-23 months). • Two doses of hepatitis A vaccine are required, with the second dose administered 6 months after the first. • Children who are not vaccinated by 2 years of age can be vaccinated at subsequent visits. <p>State-supplied vaccine will continue to be available for children from 2 years of age up to the 19th birthday who are in an identified high-risk group. These include:</p> <ul style="list-style-type: none"> ◆ American Indians ◆ Alaskan Natives ◆ Pacific Islanders ◆ Selected Hispanic communities ◆ Certain religious communities ◆ Other high-risk children: <ul style="list-style-type: none"> a. Males who have sex with other males b. Illicit drug users c. Persons with clotting-factor disorders d. Persons with chronic liver disease e. Individuals working with non-human primates f. International travelers
Pneumococcal Polysaccharide	<p>Children from 2 years of age up to the 19th birthday who meet the following high-risk criteria:</p> <ul style="list-style-type: none"> ◆ Asplenia ◆ Sickle cell disease ◆ Nephrotic syndrome ◆ Cerebrospinal fluid leaks ◆ Immunosuppression ◆ Living in environments or social settings with an identified increased risk of pneumococcal disease or its complications

For questions or comments, contact the Immunization Program at 360-236-3595.